

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border: 1px solid black; padding: 2px; text-align: center;">22562</div>	FILING DATE					
CLAIMS							APPLICANT(S)						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4	/						54		/				
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39	/						89	/					
40		/					90	/					
41		/					91	/					
42		/					92	/					
43		/					93	/					
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48	/						98						
49		/					99						
50		/					100						
TOTAL IND.	24						TOTAL IND.						
TOTAL DEP.	49						TOTAL DEP.						
TOTAL CLAIMS	73						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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